



7/18
Pat. 571410

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Trevor John BURKE) PATENT
Serial No.: 09/462,550) Atty. Docket No. P-5695
National Phase of International)
Patent Application PCT/GB98/01817) Examiner: Unassigned
Filed: January 7, 2000) Group Art Unit: Unassigned
For: PROGRAMME GENERATION)

SECOND PRELIMINARY AMENDMENT

Commissioner of Patents and Trademarks
Washington, D.C. 20231

Dear Sir:

Prior to examination of this application, please amend the above-identified application as follows:

IN THE CLAIMS:

Please amend claims 4, 5, 8, 9, 11, 12, 14, 15, 16, 19 and 20 as follows:

4. (Amended) A method according to [any preceding] claim 1, wherein programme element selection is controlled automatically by applying predetermined selection criteria.

4-1 Rec'd PCT/PTO 22 FEB 2000

PCT

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Trevor John BURKE				P-5695	
Serial No. 09/462,550	Filing Date January 7, 2000	Examiner Unknown	Group Art Unit Unknown		
Invention: PROGRAMME GENERATION					
<div style="display: flex; align-items: center;"><div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 100px; margin-right: 20px;">O I P E FEB 22 2000 PATENT & TRADEMARK OFFICE</div><div><u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u></div></div>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	22 =	0 x	\$22.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$82.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 18-2284 A duplicate copy of this sheet is enclosed.<div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div><div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div>					



Signature
William T. Rifkin, Esq.
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Dated: 2/15/00

I certify that this document and fee is being deposited on 2/15/00 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.



Signature of Person Mailing Correspondence

Stephanie Warner-Wallace
Typed or Printed Name of Person Mailing Correspondence

cc: